

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this notice tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, our records show that you did not:

- ☐ Sign the Welfare to Work plan on _____.
- ☐ Participate in _____ on _____.
- ☐ Make good progress in your _____ activity because _____.
- ☐ Accept a job at _____.
- ☐ Keep your job at _____.
- ☐ Keep the same amount of earnings.

WE NEED TO TALK TO YOU

To keep your cash aid from being lowered, we must talk with you about this problem. An appointment has been made for you on _____, at _____ o'clock, at _____. If you need transportation or child care to go to this meeting, call your Welfare to Work worker at the telephone number listed below.

Welfare to Work Worker's Name: _____

Telephone Number: _____

If you cannot go to this meeting, you must call your worker to set a new time. Unless you have a good reason, you can change this meeting only once. You can also call your worker to talk about the problem instead of going to the meeting. You must call your worker to set a new time to meet, or to talk about your problem on the telephone, by _____.

When you talk to your worker, you will be asked if you had a good reason ("good cause") for not doing what we asked you to do. If we verify that you had a good reason, your cash aid will not be lowered because of this problem. Some examples of good reasons are not having child care or not having transportation. For other good reasons, see the "Request For Good Cause Determination" form sent with this notice.

Your cash aid will also not be lowered if you can show us that you should have been exempt at the time you did not do your Welfare to Work activity.

If you do not have a good reason for not doing what we asked you to do, you can agree to a compliance plan to meet Welfare to Work rules. Your cash aid will not be lowered if you agree to a compliance plan and then do what it says. If you agree to a compliance plan and then later do not do what it says, your cash aid will be lowered. If this happens, you will get a separate notice.

Rules: These rules apply: CalWORKs MPP § 42-712 (exemptions); 42-713 (good cause); 42-721 (noncompliance and good cause). Food Stamps MPP § 63-407.521. You may review these rules at your welfare office.

HOW TO STOP YOUR CASH AID FROM BEING CUT

As of _____, your family's cash aid will be lowered from \$ _____ to \$ _____, unless you show us you had a good reason for not doing what we asked you to do. If you do not have a good reason, you can agree to a compliance plan to stop your cash aid from being lowered. If you do not agree to a compliance plan, you will not get another notice before your cash aid is lowered.

See the next page for more information about how we figured how much your family will get if your cash aid is lowered.

We will not pay for transportation, or work- or training-related expenses if you are off cash aid. We may pay for child care, if you work or attend school.

HOW TO GET BACK ON CASH AID

If your cash aid is lowered, you can get back on cash aid if you are eligible for it by:

- ☐ Contacting the county and telling them you want your cash aid back; then doing what the county asks.
- ☐ Contacting the county no earlier than 45 days before _____, and telling them you want your cash aid back; then doing what the county asks. Even if you do this, your cash aid will not be restored earlier than _____.

TO CONTACT THE COUNTY ABOUT GETTING BACK ON CASH AID, CALL _____.

The family's other parent, _____, may also get cash aid again if he/she is eligible for it by:

- ☐ Contacting the county and telling them he/she wants cash aid back; then doing what the county asks.
- ☐ Contacting the county no earlier than 45 days before _____, and telling them he/she wants cash aid back; then doing what the county asks. Even if he/she does this, cash aid will not be restored earlier than _____.

DO YOU NEED FREE LEGAL HELP? You can get free help with this problem from:

Local Legal Aid Office: () _____

State Welfare Rights Organization: () _____

Food Stamps: If the failure to meet Welfare to Work requirements also causes a food stamps penalty, you may not be able to get food stamps for at least 1, 3, or 6 months. If there is a food stamps penalty, you will get another notice telling you how long your food stamps will be stopped.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

NOTICE OF ACTION

(Continued)

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If you do not have a good reason for not doing what we asked you to do, or you do not agree to a compliance plan, your cash aid will change as of _____, as follows:

Notice Date _____
Case _____
Name _____
Number _____

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income \$ _____
Business Expenses:
a. 40% Standard - _____
OR
b. Actual - _____
Net Earnings from Self-Employment = _____
Total Disability-Based Unearned Income of
Assistance Unit + Non-Assistance Unit Members . \$ _____
\$225 Disregard - _____
Nonexempt Unearned Disability-Based Income ... = _____
OR
Unused Amount of \$225 Disregard = _____
Total Earned Income \$ _____
Net Earnings from Self-Employment (from above) . + _____
Subtotal = _____
Unused Amount of \$225 Disregard (from above) . - _____
Subtotal = _____
Earned Income Disregard 50% - _____
Subtotal = _____
Nonexempt Unearned Disability-Based Income
(from above) + _____
Other Nonexempt Income (Assistance Unit +
Non-Assistance Unit Members) + _____
Net Countable Income = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) . \$ _____
2. Special Needs (Assistance Unit only) + _____
3. Net Countable Income from Section A - _____
4. Subtotal = _____
5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding Sanctioned Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____

8. **Full Month Aid Subtotal**
(Lowest Amount on Line 4 or 7 = _____
9. Line 8 Prorated for Part of Month = _____

10. Adjustments:

25% Child Support Sanction - _____
Overpayment - _____
Other Sanctions - _____
Bonus + _____

11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) = _____